

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street) ▼

101 Constitution Ave., NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ PRE-Election  
Report for the:☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

☐ POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Donald L. Walker

Signature of Treasurer

Mr. Donald L. Walker

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 19 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">620787.98</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">596314.70</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">49552.80</span>	<span style="border: 1px solid black; padding: 2px;">477584.52</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">645867.50</span>	<span style="border: 1px solid black; padding: 2px;">1098372.50</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">-1500.00</span>	<span style="border: 1px solid black; padding: 2px;">451005.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">647367.50</span>	<span style="border: 1px solid black; padding: 2px;">647367.50</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	32794.80	255140.63
(ii) Unitemized .....	8558.00	34743.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	41352.80	289884.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8200.00	187200.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49552.80	477084.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	49552.80	477584.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49552.80	477584.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1500.00	451000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-1500.00	451005.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-1500.00	451005.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49552.80	477084.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49552.80	477079.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James E. Pozzi**

Mailing Address 527 21st Street  
#145

City State Zip Code  
Galveston TX 77550-2017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American National Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : 68562031**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. John E. Schliske**

Mailing Address 720 East Wisconsin Avenue

City State Zip Code  
Milwaukee WI 53202-4703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Mutual Life Insurance Com

Occupation

Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : 68562037**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Richard F Jones**

Mailing Address 3130 Broadway

City State Zip Code  
Kansas City MO 64111-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fidelity Life Insurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2015

**Transaction ID : 68562040**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Delos H Yancey III**

Mailing Address P.O. Box 153

City State Zip Code  
Rome GA 30162-0153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State Mutual Insurance Co.

Occupation  
Chairman of the Board, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : 68562043**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Deanna M Mulligan**

Mailing Address 40 Mooreland Rd.

City State Zip Code  
Greenwich CT 06831-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Guardian Life Insurance Company of Ame

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 68562044**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Mr. John F. Barrett**

Mailing Address 9300 Shawnee Run Road

City State Zip Code  
Cincinnati OH 45243-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western-Southern Financial Group

Occupation  
Chairman of the Board, President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2015

**Transaction ID : 68562045**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael G. DeKoning**

Mailing Address 56 Perimeter Center East  
Suite 5000

City Atlanta State GA Zip Code 30346-2296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Munich American Reassurance Company

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

10 / 09 / 2015

Transaction ID : 68562049

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Chris Graff**

Mailing Address One National Life Dr

City Montpelier State VT Zip Code 05604-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Life Group

Occupation

VP - Coporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 68566164

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. G. Edward Hughes**

Mailing Address 76 Gatewood Dr.

City Marietta State GA Zip Code 30068-3848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Trust Financial Group

Occupation

Senior Vice President, CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2015

Transaction ID : 68567727

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Luke Cosme**

Mailing Address 1200 Jorie Blvd

City	State	Zip Code
Oak Brook	IL	60523-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Trust Financial Group

Occupation

Vice President, Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2015

**Transaction ID : 68567779**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Michael S Taht**Mailing Address 56 Perimeter Center East NE  
Suite 500

City	State	Zip Code
Atlanta	GA	30346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Munich American Reassurance Company

Occupation

SVP Individual Reinsurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

**Transaction ID : 68567780**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Chris Seistrup**

Mailing Address 230 16th Street

City	State	Zip Code
Rock Island	IL	61201-8608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Royal Neighbors of America

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2015

**Transaction ID : 68567781**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1800.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Curt Zeck**

Mailing Address 230 16th St

City

Rock Island

State

IL

Zip Code

61201-8608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Royal Neighbors of America

Occupation

CIO & Operations Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2015

**Transaction ID : 68569969**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ruth B. Smith**

Mailing Address One National Life Drive

City

Montpelier

State

VT

Zip Code

05604-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Life Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2015

**Transaction ID : 68570255**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. James Pangburn**

Mailing Address 23 Stone Springs Circle

City

The Woodlands

State

TX

Zip Code

77381-6321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American National Insurance Company

Occupation

EVP - Credit Insurance Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : 68570389**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Dunn**

Mailing Address 141 Creekside Dr

City State Zip Code  
League City TX 77573-1751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American National Insurance Company

Occupation  
EVP, CFO & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : 68570391**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Hoyt Strickland**

Mailing Address 88 Island Passage

City State Zip Code  
Galveston TX 77554-2909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American National Insurance Company

Occupation  
EVP - Career Sales & Service Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : 68571265**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Johnny Johnson**

Mailing Address 2556 Valencia Cove

City State Zip Code  
League City TX 77573-2089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American National Insurance Company

Occupation  
EVP - Corp Business Process Officer/CI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2015

**Transaction ID : 68571267**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald L. Walker**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1156427143513**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. David Griffin**

Mailing Address 55 Bonfire Court

City Westminster State MD Zip Code 21157-4680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

AVP & Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1231727343513**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Mandana Parsazad**

Mailing Address 1914 Horse Shoe Drive

City Vienna State VA Zip Code 22182-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Counsel, Taxes & Retirement Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1481799843513**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott E. Smith**

Mailing Address 19 Cardinal Way

City

South Windsor

State

CT

Zip Code

06074-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR150355343513

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Kathleen F. Kiernan**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Sr. Counsel, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1728112743513

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Ms. Carolyn C. Cobb**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President & Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2372.99

Date of Receipt

10 / 31 / 2015

Transaction ID : PR1821819643513

Amount of Each Receipt this Period

237.30

P/R Deduction (\$118.65 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

437.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. The Honora Dirk A. Kempthorne**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2015

Transaction ID : PR1871324543513

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Lisa Smith**

Mailing Address 800 North Magnolia Ave.  
Suite 1400

City State Zip Code  
Orlando FL 32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2015

Transaction ID : PR1871488843513

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Brian Waidmann**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2015

Transaction ID : PR1872428343513

Amount of Each Receipt this Period

400.00

P/R Deduction (\$200.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

856.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter J. Bautz**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Taxes and Retirement S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1903849843513**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Jim Pyc**

Mailing Address 9124 MidPines Court

City Orlando State FL Zip Code 32819-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

EVP, financial Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1948888443513**

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. William R Hobbs**

Mailing Address 13005 Windsor Circle

City Leawood State KS Zip Code 66209-1793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fidelity Security

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1964225743513**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anita Peduzzi**

Mailing Address 101 Constitution Avenue  
Suite 700 W

City State Zip Code  
Washington DC 20001-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1978714943513**

Amount of Each Receipt this Period

83.34

P/R Deduction (\$41.67 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Joshua T. Mauthe**

Mailing Address 2210 12th St NW

City State Zip Code  
Washington DC 20009-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR1978715643513**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Seaver J. J Sowers**

Mailing Address 101 Constitution Avenue NW

City State Zip Code  
Washington DC 20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2018796043513**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.34



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 33

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Smith

Mailing Address 800 N Magnolia Avenue  
Suite 1400

City Orlando State FL Zip Code 32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

SVP, Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR2019034843513

Amount of Each Receipt this Period

21.00

P/R Deduction (\$10.50 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Maria Lauterette

Mailing Address 800 N Magnolia Avenue  
Suite 1400

City Orlando State FL Zip Code 32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannover Life Reassurance Company of A

Occupation

VP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR2019035343513

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Jessica M. M Hanson

Mailing Address 1707 Prince St.  
#2

City Alexandria State VA Zip Code 22314-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR2023274643513

Amount of Each Receipt this Period

83.40

P/R Deduction (\$41.70 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mariana E. E Gomez**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2122881843513**

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Emily C. C Micale**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2122882043513**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. James Szostek**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Council of Life Insurers

Occupation  
Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2122891043513**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ian F. F Steger**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legislative Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2160513743513**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Bruce Friedland**

Mailing Address 200 Day Hill Road

City Windsor State CT Zip Code 06095-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2285776943513**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Gail Lataille**

Mailing Address 256 Stanley Dr

City Glastonbury State CT Zip Code 06033-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR2285777143513**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. James Lovelace**

Mailing Address 200 Day Hill Road

City Windsor State CT Zip Code 06095-1779

FEC ID number of contributing federal political committee.

C

Name of Employer  
Vantis Life Insurance Company

Occupation  
VP of IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR2285777243513

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Edmund Mahoney**

Mailing Address 20 Northgate

City Simsbury State CT Zip Code 06070-1021

FEC ID number of contributing federal political committee.

C

Name of Employer  
Vantis Life Insurance Company

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR2285777343513

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Louis Mastroianni**

Mailing Address 200 Day Hill Road

City Windsor State CT Zip Code 06095-1779

FEC ID number of contributing federal political committee.

C

Name of Employer  
Vantis Life Insurance Company

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

10 / 31 / 2015

Transaction ID : PR2285777443513

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Craig Simms**

Mailing Address 200 Day Hill Road

City

Windsor

State

CT

Zip Code

06095-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR228577743513**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Richard Spencer, III**

Mailing Address 4300 Carriage Ct

City

Kensington

State

MD

Zip Code

20895-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

VP &amp; Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR2285778243513**

Amount of Each Receipt this Period

22.00

P/R Deduction (\$11.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Peter Tedone**

Mailing Address 32 Lincoln Lane

City

Weatogue

State

CT

Zip Code

06089-9780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vantis Life Insurance Company

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR2285778843513**

Amount of Each Receipt this Period

41.60

P/R Deduction (\$20.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

103.60

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry D. D. Burton

Mailing Address 101 Constitution Ave, NW  
Suite 700

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2015

Transaction ID : PR2348687343513

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Executive Vice President &amp; General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3666.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2015

Transaction ID : PR771358243513

Amount of Each Receipt this Period

366.62

P/R Deduction (\$183.31 Semi-Monthly)

Full Name (Last, First, Middle Initial)

C. Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Conference Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1196.61

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2015

Transaction ID : PR771362443513

Amount of Each Receipt this Period

119.66

P/R Deduction (\$59.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

902.94

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Damian Salvi**

Mailing Address 10075 Red Run Boulevard

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baltimore Life Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR771364143513**

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Dolan**

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR771365443513**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. J. Bruce Ferguson**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3164.41

Date of Receipt

10 / 31 / 2015

**Transaction ID : PR771373243513**

Amount of Each Receipt this Period

316.44

P/R Deduction (\$158.22 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.44

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 24 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. David M. Leifer**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President &amp; Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1775.81

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR771374043513

Amount of Each Receipt this Period

177.58

P/R Deduction (\$88.79 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. James D. Hall**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR771374343513

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**c. Mr. C. Bryan Cox**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.39

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR771376843513

Amount of Each Receipt this Period

60.14

P/R Deduction (\$30.07 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

267.72



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John W. Mangan CEBS**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR771377143513

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Ms. Maria L. Palacios**Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR771408843513

Amount of Each Receipt this Period

21.78

P/R Deduction (\$10.89 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Paul S. S. Graham III**Mailing Address 101 Constitution Avenue NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

SVP, Insurance Regulation &amp; Chief Actu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2015

Transaction ID : PR771412643513

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Morris R. Goff

Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2085.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2015

Transaction ID : PR771419343513

Amount of Each Receipt this Period

208.58

P/R Deduction (\$104.29 Semi-Monthly)

Full Name (Last, First, Middle Initial)

B. Ms. Brenda S. Nation

Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2015

Transaction ID : PR771419943513

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

c. Ms. Debra K. West

Mailing Address 101 Constitution Avenue, NW  
 Suite 700 West

City State Zip Code  
 Washington DC 20001-2133

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 31 2015

Transaction ID : PR771421043513

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

458.58

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 27 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Lovendusky**
 Mailing Address 101 Constitution Ave, NW  
 Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President &amp; Associate General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR771421143513

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffry J. Janoska**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.01

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR771423143513

Amount of Each Receipt this Period

25.60

P/R Deduction (\$12.80 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lisa J. Tate**
 Mailing Address 101 Constitution Avenue, NW  
 Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

VP, Litigation &amp; Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2015					

Transaction ID : PR771423243513

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

145.60

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. John P. John P. Gerni**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : PR771428743513**

Amount of Each Receipt this Period

150.00

P/R Deduction (\$75.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. David C. Turner**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

EVP, Chief of Staff &amp; Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2774.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : PR771428943513**

Amount of Each Receipt this Period

277.46

P/R Deduction (\$138.73 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Kynondo Lewis**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Legal Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			31			2015					

**Transaction ID : PR771439643513**

Amount of Each Receipt this Period

23.76

P/R Deduction (\$11.88 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

451.22

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Alane R. Dent**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2046.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR771444343513**

Amount of Each Receipt this Period

212.50

P/R Deduction (\$106.25 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Scott Dixon**Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR771444943513**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew M. Melnyk**Mailing Address 101 Constitution Avenue NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Managing Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR771445843513**

Amount of Each Receipt this Period

42.54

P/R Deduction (\$21.27 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶

295.04

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Julie A. Spiezio**Mailing Address 101 Constitution Avenue NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR771449643513**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B. Mr. John K. Bruins**Mailing Address 101 Constitution Avenue NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR771450143513**

Amount of Each Receipt this Period

35.52

P/R Deduction (\$17.76 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**C. Mr. Maurice A. Perkins**Mailing Address 101 Constitution Ave, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

**Transaction ID : PR805149143513**

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

552.18

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 33

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne A. Mehlman**Mailing Address 101 Constitution Avenue, NW  
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Insurers

Occupation

Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : PR904819543513

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Semi-Monthly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

32794.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 33

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Hartford Financial Services Group, Inc. Federal PAC (AKA Hartford Advocates Fed Fund)**

Mailing Address One Hartford Plaza  
HO-1-11

City State Zip Code  
Hartford CT 06155

FEC ID number of contributing  
federal political committee.

**C** C00511444

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**10 / 06 / 2015**

**Transaction ID : 68562036**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mutual of Omaha Companies PAC (IMPAC)**

Mailing Address Mutual of Omaha Plaza

City State Zip Code  
Omaha NE 68175

FEC ID number of contributing  
federal political committee.

**C** C00094581

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 07 / 2015**

**Transaction ID : 68562038**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Munich American Reassurance Co PAC**

Mailing Address 56 Perimeter Center East  
Suite 500

City State Zip Code  
Atlanta GA 30346

FEC ID number of contributing  
federal political committee.

**C** C00504316

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

**10 / 12 / 2015**

**Transaction ID : 68562048**

Amount of Each Receipt this Period

2200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8200.00

8200.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 33

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neugebauer Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Mailing Address PO Box 54175

City	State	Zip Code
Lubbock	TX	79453

Purpose of Disbursement  
Void - Neugebauer Congressional Committee CK Issued 09/22/15

011

Candidate Name

**Rep. Robert Neugebauer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

**Transaction ID : 68181231**

Amount of Each Disbursement this Period

-1000.00

Void - Neugebauer Congressional Committee CK  
Issued 09/22/15

Full Name (Last, First, Middle Initial)

**B. Neugebauer Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Mailing Address PO Box 54175

City	State	Zip Code
Lubbock	TX	79453

Purpose of Disbursement  
Void - Neugebauer Congressional Committee CK Issued 09/22/15

011

Candidate Name

**Rep. Robert Neugebauer**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 19

**Transaction ID : 68181232**

Amount of Each Disbursement this Period

-500.00

Void - Neugebauer Congressional Committee CK  
Issued 09/22/15

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1500.00

-1500.00